
Your new leg: Wearing it well

Welcome to your guide for adjusting and thriving after your surgery.

Thank you for taking the first step in educating yourself about your new prosthesis. We know a lot of changes are happening right now, and it can be overwhelming.

We have created this comprehensive booklet to be a resource throughout your rehabilitation process. We hope it gives you needed guidance and insight into what lies ahead.

Included at the end of this booklet is information about where you can connect with other people who've had amputations via the internet or in person at our various group events.

At Prisma Health—Upstate Center for Prosthetics & Orthotics, we are here to help you every step along the way! If you have questions or need help, please call us at 864-522-3880.

Greenville Health System and Palmetto Health have joined to become Prisma Health.

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Tips from Lee

Throughout this booklet, watch for advice from one of our patients who has navigated the challenges you face.

“I’m Lee, an amputee in my 70s. In 2018, when my motorcycle collided with a Honda Pilot, I spun through the air like a Frisbee and landed flat on my back on the pavement, my left thighbone broken and bleeding out, my lower left leg destroyed, bones broken in my hands and wrists. I was airlifted to Greenville Memorial Hospital, where I was whisked into surgery. My left leg was amputated below the knee nine days after the accident and a total of eight surgeries later.

“A year after the accident and three setbacks to my recovery, I am now a hospital volunteer, walking regularly, going to strength training and starting to use a recumbent trike. Will I get on a motorcycle again? I don’t know. Will I have a rewarding life? I’m riding on it.”



Terms and definitions

As someone who is receiving a prosthesis, you are entering a new world. This world has its own language. Here is a word list to help you become familiar with what you will hear discussed and improve communication with your prosthetist.



Tip from Lee

“An amputation is a traumatic experience. Learning to live with a prosthetic limb can be both scary and thrilling simultaneously. Broken bones heal and so do the wounds of an amputation, but they each take time.”

Prosthetics

Alignment

The position of a prosthesis and its various parts in relation to the body.

Amputation

The act of surgically removing a limb.

Bulbous

Describes the large, round shape at the end of an amputated leg, which is common after surgery and will decrease in time.

A



Check socket

Prosthesis that is worn only in the clinic. It is clear and easily adjustable to determine the best fit. It then is used to make the prosthesis that is taken home (**Figure A**).

Contracture

Fixed shortening of muscles, tendons and other soft tissue structures in the body. Contractures are unwanted and hinder the rehabilitation process.

B



Definitive socket

This socket is strong, lightweight and can be made to match skin color or with a carbon fiber look or customized design. Once the limb size has stabilized, the definitive socket will be made (**Figure B**).

Distal

Denoting an area away from the center of the body or point of attachment.

Flexible inner liner

A soft material lining the inside of the prosthetic socket. It is made of a flexible and more forgiving material than the prosthetic socket.

Foot

The prosthetic foot typically is made of carbon fiber. Most do not have a joint but rather bend and flex, replicating the natural motion of the foot while walking (**Figure C**).

Footshell

Outer covering of the prosthetic foot. Can be worn with a sock and fits into a shoe (or sandal if a sandal toe option is available) (**Figure C**).

Gait

A person's manner of walking.

Limb volume

Refers to the size of the residual limb.

Limbguard

Plastic protective cover for the limb. It helps prevent damage to the leg and suture line during recovery after surgery (see page 14).

Liner

Gel material that is rolled directly onto the leg. It is a protective barrier between the leg and socket. It also helps keep the prosthesis attached to the leg. Liners come in different materials, and the prosthetist works with each individual to choose the best option for him or her (**Figure D**).



Our goal is to provide you with a prosthesis that improves your mobility, function, comfort and confidence.

Locking pin

A metal pin at the end of the liner that engages in a locking mechanism in the socket, thus keeping it attached to the leg (**Figure D previous page**).

Preparatory prosthesis

A preparatory prosthesis is the first leg the patient will wear: He or she takes this prosthesis home from the clinic and gradually increases the amount of time and walking done with it.



Tip from Lee

"A positive attitude has a large effect in your recovery. Make up your mind that whatever happened to you will not stop you."

Prosthesis

A replacement arm or leg.

Prosthetist

Healthcare provider who specializes in designing, fitting and adjusting artificial limbs.

Proximal

Denoting an area close to the center of the body or point of attachment.

Pylon

The shin-like portion of the prosthesis connecting the socket to the foot.

Range of motion

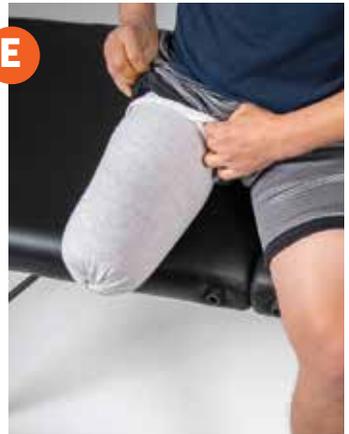
Measurement of movement a joint is capable of.

Residual limb

Portion of the limb remaining after amputation surgery.

Shrinker

A tight-fitting sock used to decrease the swelling of the limb after the staples/stitches are removed. It will begin to shape the leg and get it ready for a prosthesis (**Figure E**).



Socket

The part of the prosthesis that the limb goes into. The socket is custom made to match the shape and contours of the limb.

Socks

Applied over the prosthetic liner to allow the patient to adjust the fit of the prosthesis as the limb volume changes throughout the day (**Figure F**).



Staples/stitches

Hold the suture line together after the amputation.

Suction suspension

Method of suspending the prosthesis that uses an air-tight seal around the leg.

Supracondylar suspension

Method for suspending the prosthesis that uses a pad on top of the femoral condyles (boney area on the sides of the knee).

Suspension sleeve

Gel liner on the outside of the socket that rolls onto the leg, thus creating an airtight seal to keep the prosthesis attached to the leg.

Suspension

Method by which the prosthesis stays attached to the leg.

Vacuum suspension

Method for suspending the prosthesis on the limb that actively draws air out of the socket, thus keeping it attached to the leg.

Weight-bearing

The act of standing and supporting body weight with the legs.

Window

A hole cut in the prosthetic socket to allow for muscle motion or a boney area. Common in above-knee sockets or below-knee sockets with boney prominences (**Figure G**).



Levels of amputation

Ankle disarticulation (Syme's amputation)

Amputation through the ankle that maintains a heel pad and distal bulbous shape of the residual limb. Some weight bearing can be tolerated with this level of amputation, but a prosthesis still is required.

Below knee (transtibial)

The two bones of the lower leg are the tibia (the larger one) and the fibula. This level of amputation goes through both of these bones and is the most common level of amputation. Weight bearing is done via total contact along pressure tolerant areas and relief along bony prominences.

Knee disarticulation (through knee)

This level of amputation goes directly through the middle of the knee. Knee disarticulations require a knee joint in the prosthesis and allow the leg to bear weight.

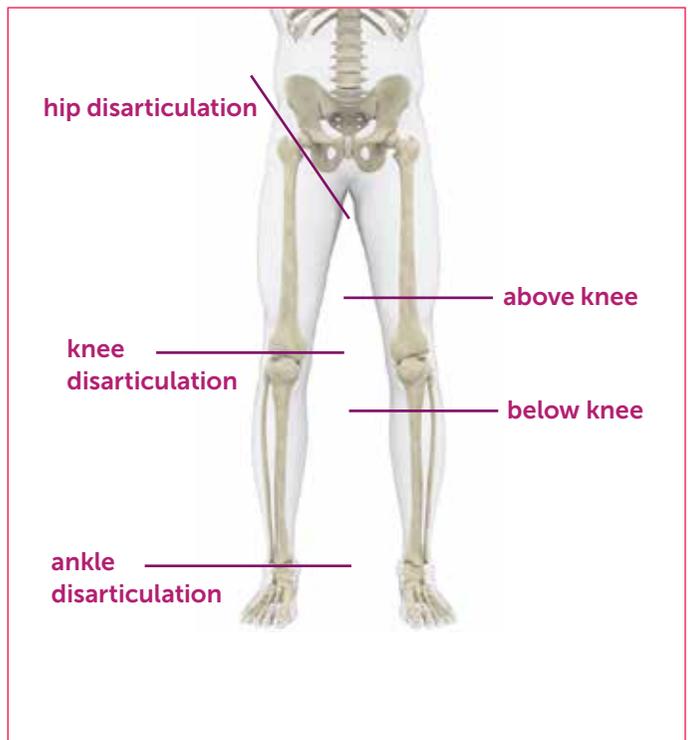
Above knee (transfemoral)

The femur is the large bone in the thigh. A transfemoral amputation bisects the femur. Weight bearing is achieved via total contact and the ischium bone of the pelvis. This is the bone that weight rests on when a person is seated.

Hip disarticulation

This level of amputation completely removes the femur. It is uncommon but can occur because of tumors, severe trauma or an advanced infection.

Types of leg amputations



After surgery

Limb care

- Always follow the advice your doctor/nurse/therapist/prosthetist gives you.
- For the first two weeks, keep the suture line covered with dry gauze or an ABD pad.
- Wash your limb with mild soap and water every day; pat it dry.
- Do NOT soak your leg.
- Keep the suture line clean and dry.
- Do not use any ointments on the suture line.
- Check your limb every day for irritation, skin breakdown and redness.
- Notify your doctor about any problems that arise.
- All those who come in contact with your limb should wear gloves or wash their hands before examining your leg.
- Be careful while moving in bed or getting in and out of bed.
- If you have diabetes, be sure to eat a good diet while continuing to maintain and monitor your sugar levels.
- Inform a healthcare provider about any pain or dressing changes that need to be made.
- Wear your Limbguard at night and during the day when at risk for falling or injuring your leg.

General guidelines for exercises

- While resting, keep your knee straight; avoid letting it stay in a bent position for extended periods of time.
- Lie on your stomach to stretch out your hips (this step is very important for people with above-knee amputations).
- Do not put pillows under your hips, knees or between your thighs (which will place the leg in an undesired position).
- Remember to always follow instructions from your physical therapist!

Exercises

It is extremely important to perform the exercises provided by your therapist. These exercises will prepare you for walking in your prosthesis. They also will help prevent contractures. Contractures are unwanted and make walking in a prosthesis more difficult.



Tip from Lee

“Continuing to exercise after physical therapy is important! It ensures you will not lose the strength gained in therapy, and it will improve your walking capabilities.”

Transtibial (below-knee) post-op exercises

Hip and knee range of motion

- Roll to sound side.
- Bring knee to chest while bending knee.
- Reach limb back as far as possible while straightening knee.

3 sets, 10–15 reps, 2 times per day



Hip extension

- Place a towel roll under calf of residual limb.
- Tighten thigh muscle to straighten knee.
- Gently push down while tightening buttock muscles.
- Hold 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Hip abduction

- Roll to sound side.
- Lift residual limb straight up and down.
- Keep hip and torso straight.

3 sets, 10–15 reps, 2 times per day



Knee flexion/extension

- Place a towel roll behind knee.
- Gently bend and straighten knee over the towel roll.

3 sets, 10–15 reps, 2 times per day



Hip adduction

- Place a towel roll or child's ball between thighs.
- Gently squeeze thighs together and down.
- Hold 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Pelvic tilt

- Flatten back by tightening stomach muscles and tilting hips toward waist.
- Hold 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Bridging

- With sound knee bent and foot flat, tighten buttock muscles while attempting to lift hips.
- You also can place a bolster under your residual limb.
- Hold for 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Seated quad long arc

- Sit up straight.
- Straighten the knee of your stump completely and return to starting position.

3 sets, 10–15 reps, 2 times per day



Straight leg raise

- Recline on your back, keep your stump straight and sound side bent.
- Raise your stump straight up and lower.
- Hold 3–5 seconds.

3 sets 10–15 reps, 2 times per day



Quad set

- Keep your stump straight and legs close together.
- Straighten the knee on your stump as much as possible by tightening muscles on top of the thigh.
- Hold 3–5 seconds.

3 sets 10–15 reps, 2 times per day



Tip from Lee

“Physical exercise is a large contributor to your recovery – and it helps your mental attitude. It’s good to have multiple exercise sessions each week.”

Transfemoral (above knee) post-op exercises

Hip flexion/extension

- Roll to sound side.
- Bring residual limb to chest.
- Reach limb back as far as possible.
- DO NOT MOVE TORSO.

3 sets, 10–15 reps, 2 times per day



Hip extension

- Place a rolled towel under residual limb.
- Gently push down into towel while tightening buttock muscles.
- Hold for 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Hip adduction

- Place a rolled towel between thighs.
- Gently squeeze thighs together and down.
- Hold for 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Hip abduction

- Roll to sound side.
- Lift residual limb straight up and down.
- **KEEP HIP AND TORSO STRAIGHT.**

3 sets, 10–15 reps, 2 times per day



Pelvic tilt

- Flatten back by tightening stomach muscles and tilting hips toward waist.
- Hold for 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Bridging

- With sound knee bent and foot flat, tighten buttock muscles while trying to lift hips.
- You also can place a bolster under your residual limb.
- Hold for 3–5 seconds.

3 sets, 10–15 reps, 2 times per day



Tip from Lee

"Diet contributes to your recovery by providing your body with the necessary vitamins and nutrients you need to maintain a healthy lifestyle. Someone once said: 'If it is worth doing, it is worth tracking.' This is very true about diet and exercise."

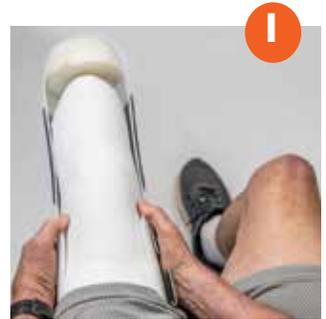
Limbguard

The Limbguard is a protective covering for your leg. It will reduce damage to your leg/suture line if you should fall, bump it in bed or experience any trauma to the leg. Wear it every night while sleeping or during the day when at risk for falling or injuring your leg. It also helps keep your leg straight.

Instructions

1. Place the Limbsock® over the limb. Be sure not to irritate any dressing or bandages (**Figure H**).
2. Place the limb inside of the plastic shell. Ensure the blue foam is flat and seated flush in the bottom (**Figure I**).
3. The molded foam piece goes over the front opening. The groove for the knee goes at the top. If there is enough space to tuck the foam between the plastic and limb, do so. If not, ensure it is overlapping the plastic edges on the sides and bottom.
4. Stretch the front panel over the foam, pull it tight and attach via Velcro on the sides of the plastic shell (**Figure J**).
5. Secure around your knee with the Velcro straps. (**Figure K**).

If you are remaining in bed or the wheelchair (in other words, you are not planning on getting up anytime soon), you can stop here.



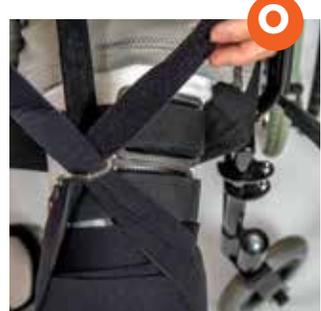
If you need additional help to keep the Limbguard from falling off while standing, follow these steps:

6. Wrap the Limbsleeve® so the straps are behind the leg and Velcro attaches to the front of the leg (**Figure L**).
7. Ensure that the bottom straps are securely underneath the plastic shell (**Figure M**).
8. The straps will come around to the front after securing the Limbsleeve.
9. Wrap the waist belt around the waist. You can trim any excess strap that remains. Ensure that the belt is tight on the waist.
10. Loop the bottom end of the Y-shaped Velcro strap around the waistband. The buckles should be hanging down (**Figure N**).
11. Feed the two Velcro straps facing up the leg through the buckles of the Y-shaped strap (**Figure O**).



Tip from Lee

“Wearing your Limbguard also helps keep your leg straight, preventing a contracture at the knee.”



Shrinker

It is normal for the amputated leg to shrink. Whatever your level of amputation, you will use a shrinker during the first two years after your amputation. (A shrinker is a tight, elastic stocking that evenly compresses the leg.)

You most likely will start wearing your shrinker once your staples or stitches are removed. The shrinker helps to decrease swelling and begins to shape your leg, which prepares it for a prosthesis.

Deep scabbing or other skin issues can delay wearing a shrinker. Your prosthetist will measure your leg for the appropriate size shrinker.

- Pull it up all the way, so there are no wrinkles or loose material at the end.
- If your shrinker becomes loose and is no longer squeezing your leg, contact your prosthetist. You likely will need to go down to a smaller size.

Cleaning and maintenance

- Follow the manufacturer's directions to clean the shrinker.
- Most recommend hand or machine wash on low settings with mild soap.
- Machine dry on low or hang to dry.

After receiving your prosthesis, you will need to continue wearing the shrinker any time your prosthesis is not on. Doing so will ensure your leg stays the same size and does not swell, which would prevent you from getting into your prosthesis. Never wear the shrinker underneath your liner.

Putting on your below-knee shrinker

- If the shrinker has silicone beads on the top, fold down the top of the shrinker. Using both hands, scrunch down the shrinker to the seam on the bottom and stretch the opening. The seam of the shrinker should be horizontal (or from side to side) before pulling the shrinker onto the limb (**Figure P**).
- Pull up the shrinker on the sides as you travel up the limb.
- The shrinker should completely cover the knee and go onto the thigh. The shrinker is very snug. If your limb still is healing, it may be difficult to put on at first. It may be easier to put on with assistance from another person.
- Make sure the shrinker is pulled taut with no wrinkles. If the shrinker has silicone beads on the top, flip the top back up so that it is touching the skin. The shrinker must be pulled up all of the way at all times. This may require you to pull up the shrinker several times throughout a day to keep it snug. The shrinker may fall off while you are sleeping. If this happens, just remember to pull it back on as soon as you can (**Figure Q**).
- Wear the shrinker at all times, day and night, except when you are cleaning it or bathing. When you are cleaning the shrinker, a second shrinker or an elastic bandage should be applied to the limb to prevent swelling.



The shrinker should not be loose at the bottom and should be worn at all times (except when bathing).

Putting on your above-knee shrinker

- Using both hands, scrunch down the shrinker to the seam on the bottom and stretch the opening. The seam of the shrinker should be from back to front with the opening or shorter length of the shrinker toward the inside of the leg.
- Pull up the shrinker on the limb and pull up the sides as you travel up the limb. The shrinker is very snug. If your limb still is healing, it may be difficult to put on initially. It may be easier to put on with assistance from another person.
- The shrinker should go completely up the thigh, and the waist belt must be attached around the waist. Make sure the shrinker is pulled taut with no wrinkles. The shrinker must be pulled up all of the way at all times. This may require you to pull up the shrinker several times throughout the day to keep it snug (**Figure R**).
- Wear the shrinker at all times, day and night, except when you are cleaning it or bathing. When you are cleaning the shrinker, a second shrinker or an elastic bandage should be applied to the limb to prevent swelling.



The ring should be snug against the bottom of your limb.

Receiving your prosthesis

Preparing the site

The staples or stitches will be removed about 3–4 weeks after surgery. Typically, a shrinker will then be applied. However, this process can be delayed if wounds are present. The skin must be healed enough for the tight shrinker to be pulled over it. (For information about the shrinker, see pages 16–18.)

If no scabbing is present and the suture line is fully healed, you can begin to massage the limb. Massaging will help break up the scar tissue that can form underneath the skin during the healing process. This is important because scar tissue decreases the skin's elastic nature and can become a possible site for breakdown once you begin walking.

Check socket fitting

When your limb is healed and the shape is ready for a prosthesis, you will walk on a check socket or diagnostic prosthesis. This is typically 2–4 weeks after the shrinker has been worn, depending on how quickly your leg takes shape and heals.

This prosthesis is worn only in the clinic. It is made of a clear, easily adjustable material that is not strong enough for you to take home. Your prosthetist will make adjustments as you stand, walk and sit in the leg to ensure proper fit and alignment. We then will make the preparatory prosthesis based on the adjustments made at this appointment.



Tip from Lee

“Being in a socket is a different sensation, but it does allow you to walk comfortably.”

This is a crucial time to communicate with your prosthetist. We use all of your input and feedback in addition to our observations to make the best possible fit.

Preparatory prosthesis

A preparatory prosthesis will be made after a successful check socket fitting. It is the first prosthesis you will go home with. This is typically worn for 6–10 months. During this time, your limb will change in size and various adjustments will need to be made to your prosthesis as you become more proficient in walking.

If you wish to customize your socket, talk with your prosthetist about options and bring the desired material to your check socket appointment.

Definitive prosthesis

A definitive prosthesis will be used once your limb has matured and the size of the leg has stabilized. It will be made of carbon fiber and other lightweight materials for decreased weight and increased strength. This socket also can be customized.

Congratulations on receiving your new definitive prosthesis!

Socket design

You have the option to customize the appearance of the socket on your prosthesis. It can be made to look like your skin tone, carbon fiber or any appropriate type of material. The material should be a thin material that absorbs water easily (T-shirts and bandanas work well). Here are example of the socket styles.

Skin socket design



Carbon socket design



Custom socket design





Tip from Lee

“Here are some tips for working with your prosthetist:

- **Follow instructions:** this includes *not overdoing*.
- **Tell him or her what you feel:** where the prosthesis hurts/pinches/just doesn't feel right.
- **Give specific feedback:** your goals, what you are trying to accomplish, and especially what did and didn't work.

The prosthetist then takes that information and can make innumerable adjustments to make your life in the prosthesis safer, easier and more fulfilling.”

Wear schedule

It is important to gradually increase your wear time to “break in” the prosthesis. Because this is a new prosthesis, your residual limb will need to adjust to the new pressures that are being applied to it.

By gradually increasing your wearing time, your limb will more easily adjust to the prosthesis and any issues can be caught before problems arise. This process is

especially important if you have diabetes or if your skin is sensitive.

Breaking in your prosthesis: Sample wear schedule

Week 1	1 hr. morning, 1 hr. afternoon
Week 2	2 hrs. morning, 2 hrs. afternoon
Week 3	3 hrs. morning, 3 hrs. afternoon
Week 4	4 hrs. morning, 4 hrs. afternoon
Week 5	Full time

Begin wearing your prosthesis for only one hour in the morning and one hour in the afternoon. Again, check your skin after taking off your prosthesis. If there are no problems, the wearing time can be increased weekly according to the wear schedule.

The wear schedule here is a guideline. Many factors affect your particular wear schedule. Please discuss the best wearing schedule for you with your prosthetist or therapist.

Sock management

As a new amputee, understanding sock management is crucial. Your limb will change in size as you become more active and distribute weight through your limb. Knowing what a correct fit feels like and when to adjust your sock ply will ensure your fit is appropriate and prevents skin breakdown.

Socks are worn on the outside of your liner. They come in 1-, 3- or 5-ply sizes with 1-ply being the thinnest and 5-ply being the thickest. The “ply” refers to number of strands of yarn in the sock.

You will receive a supply of sock sizes for your prosthesis. Socks serve many purposes, including to:

- Adjust fit of socket
- Compensate for volume changes
- Protect the skin
- Absorb friction
- Cushion

The number of socks you wear throughout the day can change. Socks also can be used in combination together. Use any combination of 1-, 3-, and 5-ply socks to get the desired fit. It is recommended to keep socks with you, so you can adjust your fit as needed.

Every time you put on the prosthesis, you should know what thickness (ply) you are wearing. If your socket feels too loose, you may want to increase your sock ply. If your socket feels too tight, you may want to reduce your sock ply. It is best to wear the least number of socks to achieve your optimal ply. For example, wearing one 5-ply sock is better than if you combine one 3-ply with two 1-ply socks.

Important reminders

- Always follow the recommendations from your prosthetist. You may get a customized wear schedule, depending on the status and condition of your residual limb or other health factors.
- Please make an appointment in our office if you develop a sore, blister, rash or the prosthesis is uncomfortable. If you have any questions, please call our main office at 864-522-3880.

When putting your socks on, make sure there are no wrinkles in your sock. These wrinkles can irritate your skin and be harmful to the health of your leg. If you are using a locking pin for your suspension, it's important to prevent the sock from bunching around the pin.

Wear clean socks every day. On hot and humid days, many people will put on fresh socks half way through the day. Do not wear the same socks for several days before washing. It is not good for your skin or the socks. Follow the washing instructions provided by the manufacturer.

Quick reference for sock management

Add socks if:	Remove socks if:
There is pressure on boney area	Leg cannot fully get into socket
Redness lasts more than 30 minutes	Socket is unbearably tight
Prosthesis is twisting	
Prosthesis goes on too easily (hear a lot of fast clicks if using a pin)	

Check and check again!

> After removing your prosthesis each day, examine your residual limb. Some red marks are expected in locations where your residual limb can tolerate pressure. These red marks are not a concern and should go away within 30 minutes of removing the prosthesis.

> If there are red marks that do not go away, bruising, blisters or abrasions, do not put the prosthesis back on until you talk to your prosthetist.

Correct sock ply

The fit should be snug. Areas such as the inside of your shin, under the back side of your knee and patella tendon may experience slight pressure. This is OK as these areas are pressure tolerant areas, and your socket is designed to push here.

Boney areas should not have excessive pressure, nor should the very bottom of your residual limb. If you are experiencing pressure on a bone or bottom of your limb, that is a cue to add a sock. This is because your leg is smaller than the socket and your leg is falling too far down in your prosthesis. A sock will better fill up the space inside your socket and give you a more comfortable fit.

If you are using a pin system and the leg clicks in rapidly, this is also a sign it is too loose. Your leg should gradually click down into the locking mechanism. Also, if you notice your leg is twisting on you, it is a sign you should add socks.

Socks come in different sizes, colors and designs, depending on the type of prosthesis.



Caring for your prosthesis

- Clean your limb every day and inspect for bruising, callused spots, blisters or areas of breakdown.
- Examine your skin and foot of your other leg daily for areas or signs of breakdown – if any spots arise, please call your doctor and schedule an appointment.
- Wash your liners with soap and water by hand (**Figure S**) after use each day and hang them on the provided stand to dry (**Figure T**).



- You can wash your socks in the washer and dryer.
- To clean your shrinker, hand or machine wash (gentle/delicate), and you can machine dry on low or air dry.
- If your prosthesis becomes dirty, you can spot clean it with a washcloth.
- During the summer months, do not let your leg remain in a car for extended periods of time.
- Take care not to let any pets or animals get hold of your prosthesis, liners, socks, shrinker, charger or any other components of your prosthesis.
- Make sure nothing is in your socket before putting it on.
- Never wear your shrinker under your liner.



Tip from Lee

"A good time to wash the liners is right after you remove your prosthesis."

Clean your limb and liner by hand every day. Socks and shrinkers are machine washable. Spot clean your prosthesis as needed.

Frequently asked questions

Can I shower in my prosthesis?

Prostheses are not meant to be worn in the shower unless a specially designed shower leg is used.

Will it hurt when I walk?

Some of the pressures on the limb are desired and may take some getting used to, but there should be no pain when you walk.

How long until I am able to walk without a cane or walker?

This will vary from person to person. Things such as your physical condition before amputation and how consistent you are with therapy and home exercise program will all help facilitate unaided walking.

How often will I need to see my prosthetist?

In the beginning months, your appointments will be frequent. They will become more spaced out as you progress into a more mature amputee. You will have follow-up appointments, but please call and schedule an appointment if needed. Once you become a mature amputee, it is best to continue to visit your prosthetist at least 2 times a year.

How long will my prosthesis last?

How long your prosthesis lasts depends on how your limb changes in size as your limb matures. This is different for each person. Generally speaking, your preparatory prosthesis will last around 6–10 months (it could vary based on your specific situation). Your definitive prosthesis will last 3–5 years.

Will I be able to return to work?

Yes, it may take some time to rehab and you may need to take a different role or modify your previous role, but it is possible to return to work. Our goal is to assist you in returning to work.



Tip from Lee

“Multiple apps are available to help you track your diet and exercise. Find one of each that you like, learn to use them and use them religiously. Monitor your fitness, diet, food and body.”

What is the difference between phantom pain and phantom sensation?

Phantom pain is excruciating pain triggered by nerves that were surgically cut during your amputation. Phantom sensation is feeling parts of your limb that are no longer there – for example, like your toes are itching, cramping or tingling. This is also due to the nerves that were surgically cut during your amputation, but it is not as painful as phantom pain.

What kind of shoes can I wear with my prosthesis?

Tennis shoes that are not too tight nor loose/sliding around are desired. For people with above-knee amputations, shoes with the same heel height are strongly recommended. Shoes of varying heel heights change the alignment of your prosthesis, and thus the way your knee responds while walking. It is of utmost importance to wear shoes that protect your sound-side foot.



There are red marks when I take my prosthesis off. Is this OK?

This depends on where the red marks are. You may see red marks when you are first adjusting to your prosthesis. The red areas represent pressure-tolerant areas. There should not be any red areas on boney parts of your leg. Any redness that lasts longer than 30 minutes should be looked at by your prosthetist. Please schedule an appointment if this occurs.

What if I my residual limb becomes lodged in my prosthesis?

Roll your liner down, then apply soapy water between your skin and liner. You should be able to wiggle your leg out of your liner. Please call our main office (864-522-3880) if you need to speak with one of our clinicians.

What if my prosthesis gets wet?

Rinse it with clean water and leave it upside down to dry out. Do not let water pool in your foot or socket.

Resources

Amplify Yourself

A great resource for amputees to have their insurance complaints heard. Whether it's denials, lengthy appeals or restrictions in coverage, let your voice be heard!

amplifyyourself.org

Amputee Coalition of America

Non-profit organization intended to reach out to people with limb loss through education, support and advocacy.

amputee-coalition.org

Amputee Support Group

Held monthly with a different theme or event.

ghs.org/rcpamputeesupportgroup

Freedom Innovations – Restore Your Everyday

Online community with panel of amputees listing advice and tips on your new life as an amputee.

restoreyoureveryday.com

Prosthetics & Orthotics on Facebook

Here we post events and resources for patients.

facebook.com/GHSProstheticsOrthotics

UCan Events

Cycling, fencing, golfing, sailing, sled hockey, softball, tennis, water skiing.

ghs.org/ucan, ghs.org/triumph (annual golf tournament)



Tip from Lee

“There are tons of support for amputees. A lot of it is free. Take advantage of it. Meet other amputees. Attend Amputee Support Group meetings and other events. You will find your life can be very fulfilling.”

Discrimination is against the law

Prisma Health does not discriminate on the basis of race; color; national origin; religion; age; sex; physical, mental or other disability; medical condition; sexual orientation; gender identity; gender expression; pregnancy; ancestry; marital status; citizenship; or veteran status.

Prisma Health provides appropriate aids and services, including qualified interpreters and written information in various formats, for people with disabilities. It provides language assistance services, including translated documents and oral interpretation, to people whose primary language is not English. All services are timely and offered for free. Those needing these services in the Upstate should call 864-455-7000.

Prisma Health has designated its Diversity Director to ensure compliance with these services. Any person who believes someone has been discriminated against may submit to the Diversity Director, within 60 days of becoming aware of the alleged discrimination, a written complaint with the name and address of the person filing the grievance, as well as the problem or action alleged to be discriminatory.

Complaints may be filed at Diversity@PrismaHealth.org or 701 Grove Road, Greenville, SC 29605, attn. Diversity Director. Individuals may file a complaint in court or with the U.S. Department of Health and Human Services, Office of Civil Rights, by mail at 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, by phone at 1-800-368-1019 or online at <https://ocrportal.hhs.gov/ocr/office/file/index.html>.

Language assistance information

Si usted habla español, tenemos a su disposición servicios gratuitos de asistencia lingüística. Llame al 864-455-7000. (Spanish)

如果您说中文，傳譯服務可免费提供服务。您可以拨打。864-455-7000 (Chinese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 864-455-7000. (Vietnamese)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 864-455-7000 번으로 전화해 주십시오. (Korean)

Si vous ne maîtrisez pas bien la langue anglaise, des services gratuits d'assistance linguistique sont disponibles au numero suivant 864-455-7000. (French)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 864-455-7000. (Tagalog)

Если Вы говорите на русском языке, то Вам доступны бесплатные услуги переводчика. Звоните 864-455-7000. (Russian)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 864-455-7000. (German)

જો તમે ગુજરાતી જાણતા હોય તો, ભાષા સહાયક સેવાઓ, વિના મુદ્દે, તમારા માટે ઉપલબ્ધ છે. ફોન કરો (૮૬૪) ૪૫૫-૭૦૦૦. (Gujarati)
(Arabic) .864-455-7000 اتصل على الرقم

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 864-455-7000. (Portuguese)

注意事項：日本語を話す場合、言語支援サービスは無料でご利用できます。864-455-7000 までお電話ください。(Japanese)

Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 864-455-7000. (Ukrainian)

अगर आप हिंदी बोलते हैं, तो आप के लिए निः शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। 864-455-7000 पर कॉल करें। (Hindi)

បើលោកអ្នកនិយាយភាសាខ្មែរ លោកអ្នកអាចប្រើប្រាស់សេវាជំនួយភាសាបានដោយឥតគិតថ្លៃ។ ហៅទូរសព្ទទៅលេខ 864-455-7000។ (Cambodian)



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